

**REVOCATION OF POWER OF
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Application Number	09/987,915
Filing Date	16 Nov. 2001
First Named Inventor	Tarighi
Art Unit	2618
Examiner Name	PHAM
Attorney Docket Number	WIR-PAT-001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

50,438

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

50,438

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sasan Houston Ardalan <i>Please use firm associated with Cust. No. 50438</i>		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Sasan Houston Ardalan		
Date	June 9, 2006	Telephone	503-734-8005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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